**General Information**

|  |  |
| --- | --- |
| **Chapter officer who will be main point of contact during planning of chartering ceremony**(List name, phone, email address) |  |
| **Name of Developing Honor Society** |  |
| **Institutions of Higher Learning to be affiliated with official STTI chapter**(List each campus and location, including campus headquarters, if applicable) |  |
| **Permanent address of the chapter*** NOT a P.O. Box (street address is needed for shipping purposes)
* Include university name & school of nursing/department name
 |  |
| **Honor Society/Chapter Website URL** |  |
| **Chapter contact person**(List name, contact address, phone number. **This person will be listed in the public chapter directory.**) |  |
| **Dean(s) of the School(s) of Nursing**(List name, title, email address, mailing address) |  |
| **Degrees offered*** **Undergraduate**
* **Graduate**
* **Post-graduate**
 |  |
| **Confirmation of Membership Fees** | **STTI Fee** (check one) High-income Country \_\_\_ $73.00 (was $65) Middle-income Country \_\_\_ $29.20 (was $26) Low-income Country \_\_\_ $14.60 **(was $13)****+****Chapter Fee** All fees must be listed in US Dollars.  Chapter Induction Fee US$\_\_\_\_\_\_\_\_\_\_\_\_  (Renewal fee, if different= US$\_\_\_\_\_\_\_\_\_)**= Total membership fee US$\_\_\_\_\_\_\_\_\_\_\_\_****Additional fees (optional):**Ceremony fee=US$\_\_\_\_\_\_\_\_\_\_\_\_\_Guest fee=US$\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

**Updated officer information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position**  | **Term Dates** | **Name** | **STTI member #** **(if applicable)** | **Email address** | **Mailing address** | **Phone number** |
| **President** |  |  |  |  |  |  |
| **President-Elect (optional)** |  |  |  |  |  |  |
| **Vice President** |  |  |  |  |  |  |
| **Secretary** |  |  |  |  |  |  |
| **Treasurer** |  |  |  |  |  |  |
| **Counselor** |  |  |  |  |  |  |
| **Governance Chair** |  |  |  |  |  |  |
| **LSC Chair** |  |  |  |  |  |  |

*(add rows as necessary)*

**Chartering information**

|  |  |
| --- | --- |
| **Confirmation of Chartering Date** |  |
| **Time of ceremony*** Include your time zone
* If exact time in not yet know, please indicate morning, afternoon, or evening
 |  |
| **Location of Chartering Ceremony*** include name of building, room name/#, address
* attach map/driving directions from hotel and/or airport
 |  |
| **Will there be a reception or dinner following the ceremony? Please provide details.** |  |
| **When would you like the chartering officer to arrive?** |  |
| **Would you like to have a rehearsal/run-through of the program 2-3 hours prior to the ceremony?** |  |
| **Coat-of-Arms plaque information*** A brass plate will be engraved with your specific chapter name, university/college name, school of nursing name (optional), and chartering date. See sample below.

***Sample***Sigma Sigma ChapterABC University, School of Nursing31 May 1968* If at-large chapter, list each school name on a separate line. If there are several schools, more cost may be incurred.

(Most at-Large groups order a separate plaque for each school officially affiliated with the chapter.) | * Enter your chapter’s specific information for the engraving on each line below.

Line 1—Line 2—Line3—  |
| **How many plaques would you like to have?*** Each new chapter will receive a plaque.
* The first plaque is at no cost. Additional plaques are available for purchase. Approximate cost is US $120.00.
* You will receive an invoice approximately 4 weeks prior to your charter date. The invoice will include your US$450 chartering fee and fees for any additional plaques ordered.
 |  |
| **Name of closest international airport****Distance to chartering ceremony location** |  |
| **Name of closest regional airport****Distance to chartering ceremony location** |  |
| **Name, address, and phone # of 3 hotels near ceremony location** |  |
| **Please provide directions/details about parking.** |  |
| **Will chapter transport chartering officer to and from airport/hotel?****Should chartering officer get a rental car?** |  |
| **Additional information that would be helpful to the chartering officer** (parking information, link to campus map, link to community map, info about ceremony, info about reception/dinner, etc) |  |

**Additional Information Needed** (U.S. chapters only)

Please return the following:

* Completed SS-4 Form (please send the original form via registered mail or UPS/FedEx with tracking)

--This will be processed by STTI headquarters and sent to the IRS to obtain your EIN #.

--You will need the EIN # to change bank account information/open new accounts and for completing IRS Form 990 each year.

--Once processed, the IRS will mail the EIN # directly to the chapter (at the address listed on the SS-4 Form). Be sure someone at the address you designate is available to receive the IRS letter and send copies to the chapter leadership.

--You will want to have multiple copies on file electronically and in hard copy. The EIN# shall be passed on to future chapter leaders at each transition.